

Flowers 001

ATLANTA PROPERTY DISPATCH SHEET

COMPLETION OF ALL INPUT FIELDS REQUIRED

Claim Number: 1484762487

Insured Name: FLOWERS

Date: 2/8/2005

Adjuster Name / ID: STCIN / D3PH

Claim Coordinator Name: DIRECT

Close Assignment: ☒ Yes ☐ No**SUBRO: No**

LRS ID: AA011

(1) Gross Estimate Amount: \$ 432.97

Roof Involved: Yes

(2) Gross Roof Estimate: \$ 0.00

(3) Tabletop Settlement: YesMOI: ☒ FIELD ☐ WAIVER ☐ PTC ☐ FAST TRACK ☐ INDEPENDENT

(4) Inspection Date: 2/1/2005

(5) Estimate Date: 2/1/2005

(6) Initial Contact Date: 1/26/2005

(7) AA - A/P Date: 2/1/2005

(8) BB - A/P Date:

(9) CC - A/P Date:

(10) Mitigation Attempted: *
(Fire & Water Only)

(10) Mitigation Successful: *

Process Code: 6 - Hail
If 9, Reason:

ALE In-house Start Date:

End Date :

ALE Out-of-house Start Date:

End Date:

Create or Update Supplement Assignment

LRS ID: Cov: Emp. ID: Inspect Date: Supplement Type: (select one) *

Supplement Amount: \$ Completion or Denial Date: Repair Status: ☐ BEFORE ☐ DURING ☐ AFTER**ROOF (WIND/HAIL) CLAIMS ONLY**

Scope of Damage: *

CWP: *

Insured Representation: *

Interior Water Damage Involved: ☐ Y ☐ N ☐ NA

Subro Disposition Type: 15 - CWP closed without payment

MANAGEMENT SUBROGATION WRITE-OFF DATE: (Fire & Water Only)

Definitions:

- (1) The gross amount of estimate(all coverages) for this Mech Dispatch assignment
- (2) On Wind / Hail losses, the gross amount of Roof damages only
- (3) Was claim settled while at customer's home? (Includes claims paid, partial payments or denials)
- (4) The date adjuster inspected the loss (For Inside adjuster, use date 1st spoke to customer about damages)
- (5) Date the adjuster completes the estimate
- (6) The date adjuster contacted the customer (Voice to Voice)
- (7,8,9) The date adjuster reached an agreement on the settlement with all parties involved
- (10) Emergency water extraction/services by a licensed professional vendor
- (11) If flooring is restored in any room with no further action needed

Comments:

Flowers 002

Adjuster Summary

Claim #

1484762487

Adjuster

SHAROL ST. CIN
 Phone (334) 799-9260
 Fax (334) 272-8375

Atlanta Property MCO

P.O. Box 105152
 Atlanta, GA 30348

February 8, 2005

Insured Name FLOWERS, ELLEN T**Loss Address** 301 KATHERINE DR, TUSKEGEE, AL 36088**Phone Number** (334) 727-1928**Policy #** 000000915456720**Other Phone** (334) 233-9778**Ins Claim #** 1484762487**Date of Loss** 12/31/2004**Ins Company** Allstate Indemnity Company

If you have any questions or concerns regarding this estimate, please feel free to contact me at the number (s) listed below:

SHAROL ST. CIN

Claim Service Adjuster

P.O. Box 210205

Montgomery, AL 36121

Phone: (334) 799-9260

Fax: (334) 272-8375

AA - Dwelling**Office (23' 9" x 15' 1" x 8')**

358 sf Floor 571 sf Wall 358 sf Ceiling 75 lf Floor 78 lf Ceiling 2,866 cf Volume

Door(s) 2' 9" x 6' 4"**Window(s)** 2' 10" x 3' 10" (3)

		Repl. Cost	Depr.	ACV	OP	RD
Special Remove & Reset Furniture/Contents	3 HR @ \$14.97 ^a	\$44.91	\$0.00	\$44.91		
INSD HAS 3 BEDS IN THIS ROOM AND OTHER CONTENTS						
Special Floor, Cover & Protect	358 SF @ \$0.09 ^a	\$32.22	\$0.00	\$32.22		
Special Mask Ceiling/Paddle Fan	2 EA @ \$2.16 ^a	\$4.32	\$0.00	\$4.32	N	
Special Mask Light Fixture	2 EA @ \$1.84 ^a	\$3.68	\$0.00	\$3.68	N	
Special Dust Protection	571 SF @ \$0.11 ^a	\$62.81	\$0.00	\$62.81		
Rem/Reset Outlet Cover	10 EA @ \$1.16 ^a	\$11.60	\$0.00	\$11.60		
Rem/Reset Switch Plate	1 EA @ \$0.93 ^a	\$0.93	\$0.00	\$0.93		
Special Prep & Mask For Painting (SF)	78 SF @ \$0.07 ^a	\$5.46	\$0.00	\$5.46		
Special Painter's Work spot seal stain area	1 HR @ \$16.47 ^a	\$16.47	\$0.00	\$16.47		
Special Paint Textured Ceiling, Roller	358 SF @ \$0.33 ^b	\$118.14	\$29.54	\$88.60		
Paint Walls, 1 Coat, Roller	571 SF @ \$0.13 ^b	\$74.23	\$18.56	\$55.67		

ALL DEPRECIATION ON THIS ESTIMATE IS BASED ON
 AGE, USE, AND CONDITION AT TIME OF LOSS.

AA - Dwelling Totals**\$374.77****\$48.10****\$326.67**

Summary

	Repl. Cost	Depr.	ACV
Estimate Totals	\$374.77	\$48.10	\$326.67
Less Amount Not Subject To Overhead & Profit	-\$8.00	\$0.00	-\$8.00
Amount Subject To Overhead & Profit	\$366.77	\$48.10	\$318.67
Contractor's Overhead & Profit (13%)	\$47.68	\$6.25	\$41.43
Sub-Total	\$414.45	\$54.35	\$360.10
Amount Not Subject To Overhead & Profit	\$8.00	\$0.00	\$8.00
Total With Overhead & Profit	\$422.45	\$54.35	\$368.10
Sales Tax 9.00%	\$10.52	\$1.32	\$9.20
Total With Tax	\$432.97	\$55.67	\$377.30
Less Deductible Applied (\$500.00 Maximum)	-\$432.97	-\$55.67	-\$377.30
Net Claim	\$0.00	\$0.00	\$0.00

Items noted as such by the Price Database Legend at the bottom of this estimate were based on material pricing provided by and available at large building material suppliers in your local market. It should be noted that prices can change without notice. Allstate will honor this estimate and work with you to resolve your claim regardless of where you purchase your materials and services. If you find the cost of repairs or replacement is more than reflected in this estimate, please contact your claim adjuster at the number listed above.

Price Database Legend

a = MSB Cost Data 2004-11

b = MSB Cost Data 2004-11 (Home Improvement Ret Material)

Flowers 004

I. ROOF CLAIM ASSESSMENT FORM

1. Inspection Date: <u>2-20-06</u>	5. Client File Research: Prior Claim # <u>10847248</u> Roof Loss <u>Water</u> Y/N <u>(N)</u> Prior damages related to this loss Y/N <u>(N)</u>	6. Storm description: Wind () estimated wind speed _____ Hail () estimated hail size _____ Other () _____
2. Claim Number: <u>10847248</u>		
3. Insured: <u>Flowers</u> Named Insured Home? Y/N <u>(N)</u>		
4. Adjuster: <u>SA</u>		
7. Age of roof: <u>2-10 yrs</u>	10. Roof Type: <u>3-tab</u> (i.e. 20 yr 3 tab)	12. I was on the roof: Y/N <u>(N)</u> If "N" check reason why: A () roof too steep C () roof too high B () weather D () cause additional damage
8. Number of stories: <u>1</u>	11. Pitch: <u>6/12</u> <u>1/12</u>	
9. Number of layers: <u>1</u>		
13. Ventilation roof vents: A () Can E () Gable B () Soffit F () Turbine <u>2</u> C () Ridge G () Other D () Power H () None	14. Valley type: () None () Open () Closed	15. Is there previous roof damage: Y/N <u>(N)</u> 16. If yes, was it repaired properly: Y/N <u>(N)</u> 17. Will prior damage affect claim: Y/N <u>(N)</u> Comments: _____

18. Are there unusual damages:	Y/N <u>(N)</u>	Comments: _____
19. Need referral for unusual damages:	Y/N <u>(N)</u>	_____
20. Underwriting referral needed:	Y/N <u>(N)</u>	_____

21. Evidence of Collateral Damage:

A) Trees, flowers & shrubs	Y/N <u>(N)</u>	G) Awnings/Patio Cover	Y/N <u>(N)</u>
B) Patio furniture	Y/N <u>(N)</u>	H) Gutters	Y/N <u>(N)</u>
C) Refrigeration coils	Y/N <u>(N)</u>	I) Oxidization removed with no dents	Y/N <u>(N)</u>
D) Fences or decks	Y/N <u>(N)</u>	J) Roof vents / Flashing <u>1 can</u>	Y/N <u>(N)</u>
E) Window screens	Y/N <u>(N)</u>	K) Skylights	Y/N <u>(N)</u>
F) Outbuildings / Sheds	Y/N <u>(N)</u>	L) Neighborhood damage	Y/N <u>(N)</u>
		M) Other	Y/N <u>(N)</u>

22. Collateral Damage Consistent With Report: Y/N (N)

General Comments: _____

Others No

23. NON-WIND / HAIL CONDITIONS: Opportunities for CUSTOMER ASSISTANCE

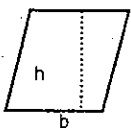
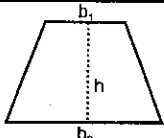
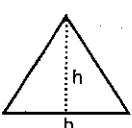
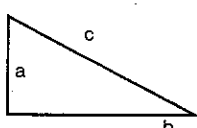
Condition	Found?	Slope location	Comments
A) Flashing not sealed	Y/N <u>(N)</u>	N S E W O	
B) Decking in poor condition	Y/N <u>(N)</u>	N S E W O	
C) Debris on roof/Clogged Drains	Y/N <u>(N)</u>	N S E W O	
D) Brittleness/hardening	Y/N <u>(N)</u>	N S E W O	
E) Surface cracks	Y/N <u>(N)</u>	N S E W O	
F) Curled/Cupped shingles	Y/N <u>(N)</u>	N S E W O	
G) Shrinkage/ Eroded edges	Y/N <u>(N)</u>	N S E W O	
H) Blisters	Y/N <u>(N)</u>	N S E W O	
I) Significant granule loss	Y/N <u>(N)</u>	N S E W O	
J) Weathering splits (wood)	Y/N <u>(N)</u>	N S E W O	
K) Additional leak in roof found	Y/N <u>(N)</u>	N S E W O	
L) Improper ventilation	Y/N <u>(N)</u>	N S E W O	
M) Nail pops/moving staples	Y/N <u>(N)</u>	N S E W O	
N) Mechanical action	Y/N <u>(N)</u>	N S E W O	
O) Shading	Y/N <u>(N)</u>	N S E W O	
P) Other conditions	Y/N <u>(N)</u>	N S E W O	

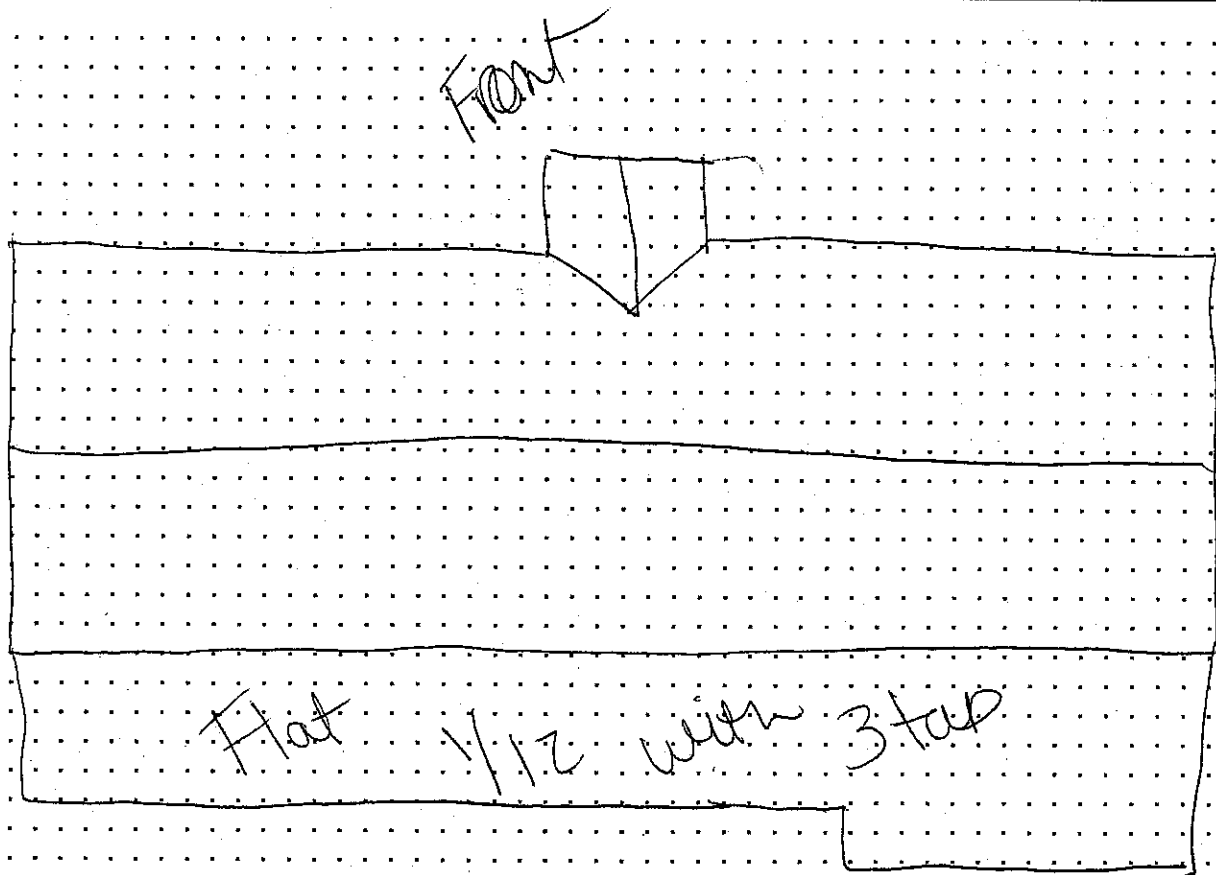
Soft & Wavy

Flowers 005


Allstate.
 You're in good hands.

Conversion Chart 1"=.08 2"=.17 3"=.25 4"=.33 5"=.42 6"=.5 7"=.58 8"=.67 9"=.75 10"=.83 11"=.92

Storm Direction	Parallelogram	Trapezoid	Triangle	Rafter
	 <div>A = b X h</div>	 <div>A = 1/2 (b₁+b₂) x h</div>	 <div>A = 1/2 b x h</div>	 <div>C = sq. root (a²+b²)</div>



24. Area by slope					Show calculations
	1	2	3	Total	
N					
S					
E					
W					
O					

G & G RO. ING. CO.
P.O. BOX 830863
TUSKEGEE AL.
36083

334-319-2743

PROPOSAL NO.	077
SHEET NO.	
DATE	2-24-05

PROPOSAL SUBMITTED TO:

NAME	ELLEN FLOWERS
ADDRESS	301 KATHRINE DR TUSKEGEE, AL 36088
PHONE NO.	

WORK TO BE PERFORMED AT:

ADDRESS	301 KATHRINE DR. TUSKEGEE
DATE OF PLANS	
ARCHITECT	

We hereby propose to furnish the materials and perform the labor necessary for the completion of 301 KATHRINE DR

- REMOVE & REPLACE THE EXISTING SHINGLES
- CLEAN & HAUL AWAY ALL DEBRIS
- REMOVE THE EXISTING WOOD DECK
- REPLACE THE WOOD DECK WITH 1/2" PLY BOARD
- FURNISH & INSTALL ALL NECESSARY FASTENER & FLASHINGS.
- OUR WORKERS ARE COVERED BY WORKERS' COMP & GENERAL LIABILITY INSURANCE
- WE ARE A STATE OF ALABAMA LICENSED CONTRACTOR.

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work, and completed in a substantial workmanlike manner for the sum of FIFTEEN THOUSAND Dollars (\$ 15,000.00)

with payments to be made as follows:

100% AFTER COMPLETION.

Respectfully submitted

M. H. D. Gwanda

Per

Note - This proposal may be withdrawn by us if not accepted within 14 days.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature

Signature

Date

PROPOSAL

Flowers 007

Proposal By:



Date: February 23, 2005

P.O. Box 402
Montgomery, Alabama 36101Phone: (334)265-1216
800-264-8009

Page: 1 of 1

Submitted By: Jeff Creel

Performing Work For:

Location:

Name Ellen T Flowers

Name Same

Attention

Address 301 Catherine Drive

Address

City/State/Zip Tuskegee Institute, AL 36088

City/State/Zip

We hereby submit specifications and estimates for:

1. Remove roofs to deck.
2. All rotted wood will be replaced as necessary at \$4.00 per board foot in addition to the contract price.
3. Install new 1/2 inch O.S.B. decking over all roof area.
4. Install new felt and twenty-five year fiberglass shingles on sloped surfaces.
5. Cover flat areas with modified bitumen roll roofing system.
6. Replace valley, vent and chimney flashings.
7. Clean up all job related debris.

1/2 inch O.S.B. decking 44 sqs	\$ 6600.00
Shingles 28 sqs	4900.00
Modified bitumen 16 sqs	5600.00
Chimney	385.00
Valley and vents	190.00
Total	\$ 17675.00

Color shingles: _____

Shingles carry a manufacturer's limited twenty-five year material warranty and a Jones Bros. Roofing Co., Inc. limited one year workmanship guarantee. Modified bitumen carries a manufacturer's limited ten year material warranty and a Jones Bros. Roofing Co., Inc. limited one year workmanship guarantee.

We hereby propose to furnish labor and materials – complete in accordance with the above specifications, for the sum of: Seventeen thousand Six hundred and Seventy-five dollars (\$17,675.00) to be paid in full upon completion.

This proposal may be withdrawn by us if not accepted within 30 days.

Due to the escalating costs of raw materials, prices are subject to change after 30 days.

There are no warranties, express or implied, including any implied warranty of merchantability or fitness for a particular purpose, which extend beyond the description on the face hereof. The owner agrees to hold the roofing contractor harmless from damage to insulation, building and contents.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation insurance. Exceptions to the roofing guarantee are: damage to the roof from unusual phenomena of elements, acts of providence, war, traffic, faulty construction or distortion of the building, chimney, brick, mortar, damage or leaks caused by installation of signs, billboards, television or radio antenna, air conditioning equipment or other damage done after the completion of the roof.

All parties liable hereon, whether makers, endorsers, sureties or guarantors, hereby severally waive, each for himself, as to this debt, or any renewal thereof, to the extent legally permissible under the constitution and laws of Alabama, or any other state, as to personal property, and they each severally agree to pay all costs of collecting, or securing or attempting to collect or secure this note, including a reasonable attorney's fee, whether the same be collected or secured by suit or otherwise, and the makers, endorsers, sureties, and guarantors of this contract severally waive demand, presentment, protest, notice of dishonor and protest, suit, and all other requirements necessary to hold them, and they agree that time of payment may be extended without notice to them of such extension, and hereby declare and contract with the payee or holder hereof that there is no contract or understanding made or had by them, or either of them, with the payee, or any other person, which in any manner limits or affects their liability on this paper.

In case default shall be made in the payment of any said installments, or in case of the violation of any of the terms or provision immediately thereupon become due and payable at the option of the holder of this contract, and the holder shall have the right at installments thereof, together with interest thereon.

Authorized Signature: _____

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized as outlined above.

Accepted: _____

Signature: _____

Date: _____

Signature: _____

Flowers 008

ON0360 ALLST INDEMNITY PROPERTY ASSIGNMENT WORK ORDER PAGE 1 01/24/05
 1480 ATLANTA PROPERTY 678-589-1910 DESK: NPS
 CLAIM NUMBER: 1484762487 LOSS DATE: 12/31/04 NOTICE DT: 01/21/05
 POLICY NUMBER: 915456720 LINE: 62 EMP: EFF DT: 07/30/04 ORIG YEAR: 04
 POLICY FORM: DELUXE HOMEOWNERS - PRIMARY RESIDENCE
 RELATED CLAIMS: COVERAGE LIMITS:
 OPENABLE: AA 105,378 A9 BB 10,537 B9 CC 73,764 CD 1,000 C9 DD D9 FF 500
 XX 100,000 X9 YY 5,000 Y9 NON-OPENABLE: CB 200/1,000 CG 2,000 CJ 1,000
 CP 5,000 CR CS 2,500 LD 10,000 MM 200 MN 1,000 RC RD 3 RT 2,500/10,000
 SS 1,000 TD 250/1,000 TR 1,000 TS 5,268 VP 1,000 WT 1,000 --D 500

INSURED: ELLEN T. FLOWERS

ASSIGNMENT FOR: 01 ELLEN T FLOWERS

ADDRESS: 301 KATHERINE DR TUSKEGEE AL 360882827

PERIL CODE: 29 WIND AND HAIL

ASSIGNMENT: 2 SETTLE

ITEM/CLMT:

PHONE: 3347271928

BUS: 3342339778 X: CELL

PHOTO: HOURS:

TOWN CLS: 06 CONST CLS: 07

DWELL DAMAGE: MODERATE INT DAMAGE CAUSED BY WATER (INC ACC. LEAK), NO EMER
 GENCY REPAIRS.

COMMENTS: DA SHARI ST.CIN

PRIOR CLAIMS: 1484762487

CLEAR-CANCEL PF3-RETURN PF8-FORWARD PF9-PRT SCREEN

Roofer
 ↑

Shouter Exit - R -

Booker T - Pass - School -

Go to Tuskegee → Hwy 80

Chevron - Patterson - R

904-
542-6737

904-
278-6579

Flowers E@

①
②
③

9/10 -

Flowers 009

1484762487 Documentation

 DOCUMENTATION INFORMATION

REVIEW DATE : 4/6/2006
 REVIEWER ID : cd3cr
 POLICY NUMBER : 915456720
 CLAIM NUMBER : 1484762487
 INSURED NAME : ELLEN T FLOWERS
 NAMED PERIL : 25 WATER/ACCDL LEAKAGE

EFFECTIVE DATE : 07/30/04
 LOSS DATE : 12/31/04
 NOTICE DATE : 01/21/05

PRIOR CLAIM : 1484762487 (12/31/2004)

POLICY TYPE : 09 DELUXE HOMEOWNERS - PRIMARY RESIDENCE

EMPLOYEE NAME : CATHY H HORTON
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : TECH/ADJ COMMENTS
 STATEMENT DATE : 01/24/2005

REC'D RETURN CALL FROM MRS INSD.

 PRIOR WATER LOSSES: NONE.

 ORG YR: 2004 YR HOME BLT: 1965

 TIER: 2- QUESTIONABL COVERAGE

 COVERAGE: DEL H/O- DED IS 500.00

 MITIGATION: DONE BY INSD'S REALTOR.

WHEN DID MITIGATION START: A FEW DAYS AFTER DATE OF LOSS.
 01/24/2005

MOLD: MR INSD ADVISED SHE HAS NOT SEEN ANY MOLD.

 ROOMS DAMAGED: BEDROOM AND BATHROOM.

 INVESTIGATION:

NOT MOVE IN

HOMEOWNER NOT MOVIN

WALL IN BATHRO

THE REALTOR V

CARPET OUTS

PIPE. SHE SA

- ANS SHE A

SALE OF THE HO

WALL DAMAG

FROM THE CA

INSD ADVISED SHE PURCHASED THIS HOME IN NOVEMBER IF 2004. SHE DID
 UNTIL A FEW WEEKS LATER. THERE WAS A PROBLEM W/ THE PRIOR
 OUT AS SCHEDULED. INSD ADVISED AFTER SHE MOVED IN, THE PIPE IN
 M BROKE. THE WATER DAMAGED THE CARPET IN BATHROOM AND LIV ROOM.
 C'D THE WATER FROM THE CARPET FOR THE INSD. INSD HAD TO PLACE THE
 DE TO DRY- THEN SHE PUT IT BACK DOWN.
 01/24/2005
 SHE ADVISED SHEHAS NOT SEEN ANY MOLD. ASKED HER WHO REPAIRED THE
 D SOME FRIENDS OF HERS. ASKED HER WHY THE CLAIM WAS REPORTED LATE
 VISED THERE WERE JUST TOO MANY PERSONAL ISSUES GOING ON W/ THE
 SE. DAMAGES TO INSPECT ARE THE CARPET IN THE BEDROOM AND BATHROOM.
 FROM PIPE REPAIR. SHE HAS NO WATER DAMAGE TO PERSONAL ITEMS.
 THE PIPE BROKE 2 WEEKS AFTER SHE MOVED IN AND REALTOR VAC'D WATER

1484762487 Documentation

BEEN BROKEN
POLICY WLD NO
LIKE IT, BUT T
THERE WAS NO
OLD HOME WAS

PET FOR HER. ONE POINT= SHE STATED SHE BELIEVES THE PIPE MAY HAVE
PRIOR TO HER MOVING IN. I ADVISED HER IF THIS WAS THE CASE, THE
COV THE DAMAGES. THEN SHE STATED MAY IT DID NOT- SHE JUST FELT
E PIPE IN FACT DID NOT BREAK UNTIL TWO WEEKS AFTER SHE MOVED IN.
NEED FOR MITIGATION. INSD ADVISED THE PIPE BROKE BECAUSE IT WAS

01/24/2005

BUILT IN 1965.

OCCURENCE N
HAVE COME FROM

INSD ALSO WANTED TO REPORT DAMAGE TO HER ROOF. I ADVISED HER EACH
EDED A CORRESPONDING CLAIM. ISNED MENTIONED THE ROF DAMAGE MAY

HURRICANE LOSS.

I ADVISED HER I WLD HAVE TO GET CLAIM R/A TO FLD REP TO INSPECT.

01/24/2005

MRS INSD ADVISED SHE HAS NO WATER DAMAGE TO CONTENTS AND NO MOLD.
01/24/2005

EMPLOYEE NAME : CATHY H HORTON
CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
STATEMENT TYPE : SUBRO COMMENTS
STATEMENT DATE : 01/24/2005
SUBRO: NONE. PIPE BROKE DUE AGE.
01/24/2005

EMPLOYEE NAME : CHERRI M MILLER
CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
STATEMENT TYPE : OTHER - OA SHARI ST
STATEMENT DATE : 01/24/2005
OA SHARI ST CIN
NOTIFY USED ON 01/24/2005, SENT TO: D3KW
01/24/2005

EMPLOYEE NAME : SYSTEM
CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
STATEMENT TYPE : ONLINE DISPATCH
STATEMENT DATE : 01/24/2005

CREATED ON

01/24/2005 DISPATCH ASSIGNMENT FOR LRS ID: 01 COV CD: AA WAS

012405 BY KW48

012405 FOR LOCATION: 1480

01/24/2005 DISPATCH ASSIGNMENT FOR LRS ID: 01 COV CD: AA WAS
ASSIGNED TO EMPLOYEE: SHAROL ST.CIN ON

2005-02-09 SUBROGATION CLOSURE APPROVED BY P/L -
CWP - CLOSED WITHOUT PAYMENT

02/09/2005 FIELD ASSIGNMENT FOR LRS ID: 01 COV CD: AA
WAS CLOSED ON 020905 BY HNHS

02/09/2005 FIELD ASSIGNMENT FOR LRS ID: 01 COV CD: AA

HNHS

WAS INSPECTED ON BY YYN 05 ä @ ä @012005-01-2620 ID

EMPLOYEE NAME : DANA I WILLIAMS
CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
STATEMENT TYPE : OTHER - YOUR MESSAGE
STATEMENT DATE : 01/24/2005

TO YOUR MESSAGE HAS BEEN RECEIVED BY THE NEXTEL MESSAGING CENTER SENT

SHARI ST. CIN AT 12:42PM
01/24/2005

1484762487 Documentation

EMPLOYEE NAME : SYSTEM
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - MSB COMMENTS
 STATEMENT DATE : 01/24/2005
 MSB COMMENTS : RECEIVED AT 2005-01-24-13.57.00.841475
 Assigned
 ADJUSTOR: SHAROL ST. CIN ALPHA ID D3PH
 By: ABI703EAL2 MOI: 01
 Date: 01/24/2005 12:20:44:000000
 MSB STATEMENT DATE : 2005-01-24 PROCESSED AT
 2005-01-24-13.57.19.369442

EMPLOYEE NAME : FRANCES F ALLEN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - ADJ/PROC INQ
 STATEMENT DATE : 01/24/2005
 ADJ/PROC INQUIRY
 CALL RECEIVED BY: CD186 AT- 13:49:27
 TYPE OF CALL TAKER: CLAIM ADJUSTER/PROCESSOR
 RECEIVED CALL FROM: SHARI ST CIN
 RELATION TO INSURED: OTHER
 RELATION EXPLAINED: PLS CALL O/A SHARI ST CIN. THIS IS A WIND

LOSS-NOT WAT

CALLER PHONE#- HOME:
 CALLER PHONE#- WORK: 334-799-9260
 CALLER PHONE#- OTHR:
 REASON FOR CALL: OTHER
 REASON EXPLAINED: RECD INQUIRY FROM O/A SHARI ST CIN.
 ACTION REQUESTED: PLEASE RETURN CUSTOMER'S CALL
 NOTIFY USED ON 01/24/2005, SENT TO: D3KW
 01/24/2005
 AGENT INFORMATION: DEE C MADISON 334-502-0720
 RECD CALL FROM O/A SHARI ST CIN REQUESTING THAT WE CHANGE THIS

PERIL CODE FRO

OPEN REQUE

OPEN REQUEST.

WATER TO WIND. ATTEMPTED TO DO THIS, BUT I/A HAS ALREADY SENT COV
 T, WHICH PROHIBITS ME FROM CHANGING PERIL CODE OR DELETING COV
 ***PLS CALL O/A ST CIN AT PH# 334-799-9260.
 01/24/2005

EMPLOYEE NAME : CATHY H HORTON
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - CHANGED PERI
 STATEMENT DATE : 01/24/2005
 CHANGED PERIL CODE FROM 25 TO 29.
 01/24/2005
 NOTIFY USED ON 01/24/2005, SENT TO: D3PH
 GAVE FILE TO TSP FOR JSC.
 01/24/2005

EMPLOYEE NAME : SHAROL E ST.CIN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : TECH/ADJ COMMENTS
 STATEMENT DATE : 01/24/2005

NOW IT IS LE

REC D TEXT MEASSGE FROM MCO
 CALLED INSD--12:15 STATES THAT SHE HAS SOME MISSING SHINGLES AND
 KING INTO THE HOUSE--
 I QUESTIONED INSD BECAUSE I GOT IT AS A WATER CLAIM--
 INSD STATED THAT A ROOFER IS AT THE NEIGHBORS HOUSE NOW AND IS

COMING TO HER

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HOUSE TO INSPECT THE ROOF--

TO DO SO--

I EXPLAINED IF SHE NEEDED TO DO TEMP REPAIRS BEFORE I CAN EXPECT

WINDSTORM CLAIM

AFTER INSD GETS ROOFER TO THE HOUSE SHE IS GOING TO CALL ME BACK--
CALLED MCO--EXPLAINED THIS IS NOT A WATER CLAIM--THIS IS A

THEY WILL CHANGE THE THE PERIL CODE TO 29--

WAIT INSD TO CALL

F/U ON 1/26

01/24/2005

EMPLOYEE NAME : SHAROL E ST.CIN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - NEXT STEP
 STATEMENT DATE : 01/24/2005

NEXT STEP

WAIT INSD TO CALL WHEN SHE GETS ROOFER OUT--

I HAVE ON F/U FOR 1/25

01/24/2005

EMPLOYEE NAME : SHAROL E ST.CIN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : TECH/ADJ COMMENTS
 STATEMENT DATE : 01/26/2005

INSD CALLED WHILE I WAS WITH A CUSTOMER

CALLED INSD- 11:06 --SAYS THAT SHE WANTED TO GO AHEAD MAKE APPT

I WILL BE OUT OF TOWN THURSDAY AND FRIDAY--MEETING

APPTS ALREADY SET UP FOR MONDAY

MAD EAPPT FOR TUESDAY 11:15 --11:30

01/26/2005

EMPLOYEE NAME : SHAROL E ST.CIN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - NEXT STEP
 STATEMENT DATE : 01/26/2005

NEXT STEP

INSPECT ON TUESDAY 2/1 11:15-11:30

01/26/2005

EMPLOYEE NAME : DEANNE WANGERIEN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - REC'D FILE J
 STATEMENT DATE : 01/31/2005
 REC'D FILE JACKET FROM I/A
 FORWARDING TO OPEN CABINET
 01/31/2005

EMPLOYEE NAME : SHAROL E ST.CIN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : TECH/ADJ COMMENTS
 STATEMENT DATE : 02/01/2005

INSPECTED INSD RESIDENCE

PRESENT

INSD WAS NOT AT HOME AT THE TIME OF INSPECTION--INSDS SISTER WAS

SISTER IS NO

EST COMPLETED ON SITE BUT I COULD NOT SETTLE DUE TO THE FACT THE

THE INSD--

ROOF PROCESS COMPLETED

INSD HAS SEVERAL ISSUES GOING ON AT HOUSE--

I TOOK PHOTOS OF ALL--

DAMAGE--

I EXPLAINED I COULD NOT PAY FOR THE ROOF NO HAIL DMAGE NOR WIND

INSD HAS 3 TAB SHINGLES ON A 1/12 PITCH--THE FASIC BOARDS ARE

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SOMEWHAT ROTTED

BY THE CARPORT--DENIED--
 INSD WAS CALLED BY PHONE--EXPLAINED NO COVERAGE FOR IT--
 THEN INSD AND I HUNG UP--INSDS SISTER SHOWED ME THE OFFICE CEILING

IN WHICH I

02/01/2005

COULD PAY FOR IT--COMPLETED EST--

ABOUT IN SEPT.

THEN SHE SHOWED ME THE KITCHEN SHE SAID THAT THIS HAD STARTED

APPEARED TO BE A L

I FELT THE SHEETROCK AND WALLPAPER--SOFT--I EXPLAINED THIS

DIFFRENT DAT

NG PERIOD OF TIME--AND THAT I COULD NOT PUT THIS CLAIM ONTO THIS

COMMODE--KATH

OF LOSS.

INSDS SISTER ALSOSHOWNED ME WHERE THEY HAD WATER DAMAGE FROM THE

CLAIMS--

HORTON IS HANDLING THIS--I WAS CONFUSED OF WHAT ALL WENT ON HERE--
 I TOLD THE SISTER THAT I WOULD GET WITH THE INSD AND DISCUSS HER

02/01/2005

EMPLOYEE NAME : SHAROL E ST.CIN

CLAIMANT NAME : ID: 01 ELLEN T FLOWERS

STATEMENT TYPE : OTHER - NEXT STEP

STATEMENT DATE : 02/01/2005

NEXT STEP

ME AND SO

CALL INSD AND GO OVER EVERYTHING THAT THE INSDS SISTER WAS TELLING

CAN EXPLAIN TO THE INSD WHAT I CAN PAY FOR AND WHAT I COULD NOT--
 02/01/2005

EMPLOYEE NAME : SHAROL E ST.CIN

CLAIMANT NAME : ID: 01 ELLEN T FLOWERS

STATEMENT TYPE : TECH/ADJ COMMENTS

STATEMENT DATE : 02/08/2005

THIS IS A WIND CLAIM--ROOF OVER 10 YEARS OLD--
 CLOSED SUBRO

02/08/2005

EMPLOYEE NAME : SHAROL E ST.CIN

CLAIMANT NAME : ID: 01 ELLEN T FLOWERS

STATEMENT TYPE : SUBRO COMMENTS

STATEMENT DATE : 02/08/2005

ROOF IS OVER 10 YEARS OLD

NO SUBROGATION

02/08/2005

EMPLOYEE NAME : SHAROL E ST.CIN

CLAIMANT NAME : ID: 01 ELLEN T FLOWERS

STATEMENT TYPE : TECH/ADJ COMMENTS

STATEMENT DATE : 02/08/2005

CALLED INSD I EXPLAINED I WOULD E MAIL THIS PHOTOS--

INSD IS SICK AND TOLD ME SHE WOULD CALL ME WHEN SHE FELT BETTER--

THIS LOSS IS UNDER THE DED

THE DAMAGE IN THE KITCHEN HAS BEEN GOING ON FOR AWHILE--

I DENIED IT--I EXPLAINED TO THE SISTERS--

E MAILED PHOTOS TO INSD

02/08/2005

RECD A MESSAGE STATING INSD E MAIL ADDRESS IS NOT VALID

I WILL WAIT UNTILL INSD CALLS ME WHEN SHE IS FEELING BETTER--

02/08/2005

LOSS IS UNDER THE DED

NO DAMAGE TO THE ROOF --EST IN FILE FOR THE BACK OFFICE--WAIT INSD

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TO CALL

02/08/2005

EMPLOYEE NAME : SYSTEM
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - MSB COMMENTS
 STATEMENT DATE : 02/17/2005
 MSB COMMENTS : RECEIVED AT 2005-02-18-03.31.56.808447
 Examiner Accepted
 By: D381
 Date: 02/17/2005 14:41:17:000000
 MSB STATEMENT DATE : 2005-02-17
 2005-02-18-03.31.59.059281 PROCESSED AT

EMPLOYEE NAME : JENNIFER C WATTS
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - REC'D P/W
 STATEMENT DATE : 03/07/2005
 REC'D P/W
 PULLED CLOSED FILE FROM DEANNE'S DESK
 FORWARDING TO THE FILE ROOM.
 03/07/2005

EMPLOYEE NAME : JENNIFER C WATTS
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : OTHER - REC'D P/W
 STATEMENT DATE : 04/07/2005
 REC'D P/W
 FORWARDING TO THE FILE ROOM.
 04/07/2005

EMPLOYEE NAME : SHAROL E ST.CIN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : TECH/ADJ COMMENTS
 STATEMENT DATE : 07/08/2005
 RECD A MESSAGE FROM INSD STATING THAT SHE HAD BEEN TRYING TO REACH
 ME FOR 8 M NTHS--WHEN SHE CALLED SHE DID NOT LEAVE A NUMBER--BUT SAID SHE HAD
 CALLED JON TURNER--
 NOT HEARD FR CALLED JON TO SEE IF HE HAD A MESSAGE OR A NUMBER HE SAID HE HAD
 AND I FOUND M A MS FLOWERS--
 I WENT THROUGH MY MSB LOG I FOUND 3 FLOWERS AND I STARTED TO CALL
 THERE WAS N THE ONE THAT HAD BEEN CALLING--
 CALLED INSD--2:23 I EXPLAINED TO INSD I COULDN'T PAY FOR HER ROOF
 NO HAIL DAMAGE--
 I EXPLAINED TO INSD I HAD PAID WHAT I COULD --
 INSD WANTS THIS IN WRITING--
 07/08/2005

EMPLOYEE NAME : SHAROL E ST.CIN
 CLAIMANT NAME : ID: 01 ELLEN T FLOWERS
 STATEMENT TYPE : TECH/ADJ COMMENTS
 STATEMENT DATE : 07/11/2005
 SENT ESTIMATE TO INSD
 EST SHOWS NO HAIL DAMAGE TO ROOF
 LOSS UNDER DED--
 07/11/2005